



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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Mark D. Birdwhistell
Secretary

Glenn Jennings
Commissioner

August 29, 2007

TO: Supports for Community Living (33) Providers
Provider Letter Number: A-22

RE: Revisions to the SCL MAP Forms and Manual

Dear *Kentucky Health Choices* Provider:

As a result of implementation of Consumer Directed Options (CDO), and revised regulation 907 KAR 1:145E effective July 12, 2007, changes have been made to the Supports for Community Living (SCL) MAP forms. The SCL Manual has also been revised. Please note the following changes:

1. The "Supports for Community Living Manual, April 2007 edition" replaces the April 2006 Edition.
2. The MAP-351, Medicaid Waiver Assessment, revision date March 2007, replaces the MAP-351B. The MAP-351 is the assessment tool used for the SCL waiver.
3. In section XII of the Medicaid Waiver Assessment (MAP-351) the consumer/representative acknowledges their freedom to choose CDO, traditional, or blended services.
4. The MAP-24C, revised April 2007, replaces the DMR-001. The MAP-24C is used in admitting an individual into the SCL program, transferring an individual within the SCL program, or discharging an individual from the SCL program. **Providers: please remember to send copies of the MAP-24C to the local DCBS office, to the QIO and to the Department for Mental Health/Mental Retardation.**
5. The MAP-2000, Initiation/Termination of Consumer Directed Option (CDO) is used to begin or end an individual's participation in the CDO program.
6. The MAP-109, Plan of Care replaced the MAP-145. On page 5 of the MAP-109, the consumer acknowledges that they have been given freedom of choice of providers. This section replaces the MAP-4102 which is the Freedom of Choice of Home and Community Based Waiver Service Providers.
7. The MAP-10, revised June 2007, is a statement of the need for long-term care services which is signed and dated by a physician or an SCL Mental Retardation Professional (MRP). The MAP-10 is used when an individual is enrolling in the SCL Waiver.

(Please see reverse side)

Kentucky Health Choices Provider

August 29, 2007

Page two

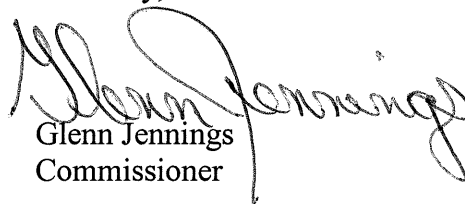
8. The Qualified Mental Retardation Professional (QMRP) has been changed to an SCL Mental Retardation Professional (MRP). An SCL MRP means an individual who has at least one (1) year of experience working with persons with mental retardation or developmental disabilities and is a doctor of medicine or osteopathy, is a registered nurse or holds at least a bachelor's degree in a human service field including sociology, special education, rehabilitation counseling or psychology.

Effective September 10, 2007, DMS is implementing a new process for obtaining Level of Care (LOC). LOC will no longer be obtained by phone calls to QIO (SHPS). Request for LOC will be faxed to SHPS along with the completed MAP 351, Assessment/Reassessment. Please use a fax cover sheet for each person and indicate the action being requested and state which waiver the individual is in (SCL). Retain the dated fax confirmation notice for proof of faxing activity in case of a problem. The fax number is (800) 807-8843. This process will be outlined in the revised SCL manual that will be incorporated by reference when the ordinary regulation (907 KAR 1:145) becomes effective.

The forms and the manual are available at <http://chfs.ky.gov/dms/scl.htm> or can be located by clicking on <http://www.chfs.ky.gov/dms/> and go to covered services which is on the left hand side of the home webpage. Scroll down to the Supports for Community Living (SCL) which is the SCL link.

Should you have any questions regarding these changes, please contact Linda Proctor, M.A. or Sheila Davis, RN within the Division of Long Term Care and Community Alternatives at (502) 564-5560, Monday through Friday, 8:00 a.m. until 4:30 p.m. (eastern-time).

Sincerely,



Glenn Jennings
Commissioner

Xc: Supports for Community Living (33) Providers
Provider Letter Number A-22

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